

March 26, 2019

Representative Conaway 2469 Rayburn House Office Building Washington, DC 20515

Dear Representative Conaway:

The National Right to Life Committee commends you on your leadership for introducing the *Second Chance at Life Act of 2019*. This protective legislation will require that a woman be informed that the effects of the chemical abortion pill can potentially be reversed in order to save her baby if she changes her mind after taking it. Seven states have enacted this legislation: Arizona, Arkansas, Idaho, Kentucky, North Dakota, South Dakota, and Utah.

To date, over 500 babies have been saved by the Abortion Pill Reversal protocol.

The number of chemical abortions is increasing. The percentage of "early medical abortions" (the CDC's designation for nonsurgical chemical abortions at or earlier than eight weeks gestation) in the last ten years has risen from 11.3% in 2006 to 24.2% in 2015. High numbers of chemical abortions are why nearly two-thirds (65.4%) of abortions are now performed at eightweeks' gestation or earlier.

The chemical (medical) abortion currently involves a two-step drug process. The first abortifacient drug (mifepristone or RU-486) is usually given at the clinic and begins the process of shutting down the unborn child's life support system (nutrition, oxygen, etc.). The second drug, misoprostol, is taken 24-48 hours later, usually at home, to expel the baby and complete the abortion. Research indicates that the first drug, mifepristone, alone is not always effective in ending a pregnancy. A woman may still have a viable pregnancy after taking the first abortifacient drug, mifepristone.

This life-saving legislation simply requires that the mother be informed that the potential exists for a qualified health care professional to reverse the effects of the abortion-inducing drug, mifepristone.

National Right to Life strongly supports the Second Chance at Life Act of 2019.

Sincerely,

Jennifer Popik Legislative Director

National Right to Life